SUBSTITUTE SENATE BILL 5039

State of Washington 58th Legislature 2003 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Kastama, Thibaudeau and Kohl-Welles)

READ FIRST TIME 02/28/03.

- 1 AN ACT Relating to hepatitis C; amending RCW 49.60.172 and
- 2 49.60.174; adding a new section to chapter 70.54 RCW; and providing an
- 3 expiration date.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 <u>NEW SECTION.</u> **Sec. 1.** A new section is added to chapter 70.54 RCW 6 to read as follows:
- 7 (1) The secretary of health shall seek and accept funding from 8 federal and private sources, including grants, to design a state plan 9 for the prevention and management of hepatitis C by July 1, 2004. In
- 10 developing the plan, the secretary shall consider the recommendations
- 11 of:
- 12 (a) The University of Washington medical center;
- 13 (b) The public;
- 14 (c) Patient groups and organizations;
- 15 (d) The department of social and health services, the department of
- 16 corrections, the department of labor and industries, and the board of
- 17 health;
- 18 (e) Local health departments;
- 19 (f) Public health and clinical laboratories;

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- 1 (g) Providers of services to persons with hepatitis C;
 - (h) Research scientists; and

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- 3 (i) The centers for disease control and prevention, or other 4 advisory body that addresses issues related to hepatitis C.
 - (2) The plan shall include but not be limited to:
 - (a) Assessment and development of standards for educational programs, including public school education, to heighten awareness and enhance knowledge and understanding of hepatitis C;
 - (b) Assessment and development of standards for education curricula for health and health-related providers covered by the uniform disciplinary act, chapter 18.130 RCW;
 - (c) Assessment and development of standards for a training course for persons providing hepatitis C counseling, which shall include information relating to the special needs of persons with positive hepatitis C test results, including the importance of early intervention and treatment and recognition of psychosocial needs;
 - (d) Assessment and development of standards for a training course for public health clinic staff regarding the treatment, detection, and methods of transmission of hepatitis C;
 - (e) Assessment of capacity for voluntary hepatitis C testing programs to be performed at facilities providing voluntary HIV testing under chapter 70.24 RCW, with anonymous and confidential hepatitis C testing, and pretest and posttest counseling available;
 - (f) Strategies for the prevention and management of hepatitis C in injection drug users and persons incarcerated in Washington correctional institutions;
 - (g) Guidelines for health care professionals to use to prevent further transmission of the hepatitis C virus and to prevent the onset of chronic liver disease caused by hepatitis C by detecting and managing chronic hepatitis C infection;
- 31 (h) A comprehensive model, developed by the University of 32 Washington medical center, for an evidence-based process for the 33 prevention and management of hepatitis C and applicable to other 34 diseases;
- 35 (i) Recommendations that would facilitate the prevention and 36 management of hepatitis C in Washington; and
- 37 (j) An estimated cost for each item in this subsection if 38 implemented.

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- (3) The department of health shall develop the state plan described in subsection (2) of this section only to the extent that, and for as long as, federal or private funds are available for that purpose, including grants. Funding for this act shall not come from state sources.
- (4) The board of health may adopt rules necessary to implement subsections (5) and (6) of this section.
- (5) The department of health shall submit the completed state plan to the legislature by July 1, 2004. After the initial state plan is submitted, the department shall update the state plan biennially and shall submit a report on the progress of any actions facilitating the prevention and management of hepatitis C in Washington to the governor, lieutenant governor, and speaker of the house of representatives by October 1st of each even-numbered year.
- (6) The state plan described in subsection (2) of this section shall be implemented by the department of health only to the extent that, and for as long as, federal or private funds are available for that purpose, including grants. Funding for this act shall not come from state sources. If available funds from nonstate sources are inadequate to finance the entire plan, then the plan shall be implemented in stages. The legislature intends by enacting this act that educational efforts regarding hepatitis C be a priority.
 - (7) This section does not create a private right of action.
 - (8) This section expires June 30, 2007.

- **Sec. 2.** RCW 49.60.172 and 1988 c 206 s 903 are each amended to 26 read as follows:
 - (1) No person may require an individual to take an HIV test, as defined in chapter 70.24 RCW, or hepatitis C test, as a condition of hiring, promotion, or continued employment unless the absence of HIV or hepatitis C infection is a bona fide occupational qualification for the job in question.
 - (2) No person may discharge or fail or refuse to hire any individual, or segregate or classify any individual in any way which would deprive or tend to deprive that individual of employment opportunities or adversely affect his or her status as an employee, or otherwise discriminate against any individual with respect to compensation, terms, conditions, or privileges of employment on the

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basis of the results of an HIV test <u>or hepatitis C test</u> unless the absence of HIV <u>or hepatitis C</u> infection is a bona fide occupational qualification of the job in question.

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- (3) The absence of HIV <u>or hepatitis C</u> infection as a bona fide occupational qualification exists when performance of a particular job can be shown to present a significant risk, as defined by the board of health by rule, of transmitting HIV <u>or hepatitis C</u> infection to other persons, and there exists no means of eliminating the risk by restructuring the job.
- (4) For the purpose of this chapter, any person who is actually infected with HIV or hepatitis C, but is not disabled as a result of the infection, shall not be eligible for any benefits under the affirmative action provisions of chapter 49.74 RCW solely on the basis of such infection.
- 15 (5) Employers are immune from civil action for damages arising out 16 of transmission of HIV <u>or hepatitis C</u> to employees or to members of the 17 public unless such transmission occurs as a result of the employer's 18 gross negligence.
- **Sec. 3.** RCW 49.60.174 and 1997 c 271 s 6 are each amended to read 20 as follows:
 - (1) For the purposes of determining whether an unfair practice under this chapter has occurred, claims of discrimination based on actual or perceived HIV or hepatitis C infection shall be evaluated in the same manner as other claims of discrimination based on sensory, mental, or physical disability; or the use of a trained dog guide or service animal by a disabled person.
 - (2) Subsection (1) of this section shall not apply to transactions with insurance entities, health service contractors, or health maintenance organizations subject to RCW 49.60.030(1)(e) or 49.60.178 to prohibit fair discrimination on the basis of actual HIV or actual hepatitis C infection status when bona fide statistical differences in risk or exposure have been substantiated.
 - (3) For the purposes of this chapter ((7)):
- 34 <u>(a)</u> "HIV" means the human immunodeficiency virus, and includes all 35 HIV and HIV-related viruses which damage the cellular branch of the

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- 1 human immune system and leave the infected person immunodeficient; and
- 2 (b) "Hepatitis C" means the hepatitis C virus of any genotype.

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